Bates vs. DHHS Consent Decree Quarterly Report: May 1, 2008
Part 1: Systems Development

Of the 119 components to the system development portion of the Consent Decree Plan of October 2006, 99 have been accomplished and are no longer reported. The remaining 20 components are reported below.

COMPONENT of Consent Decree Plan	PAGE	DUE DATE	ACTION Note: This is a cumulative report. Each action is listed by the filing date of the quarterly report. Only new attachments are included.	COMPLETED YES (X)
CHAPTER 4 – CONTINUITY OF CARE AND SERVICES				
Realignment of Services				
14. Complete contract with community hospitals with involuntary psychiatric inpatient beds	27	November 2006	Nov. 06: Contract development in process. Feb. 07: OAMHS and hospital staff who would otherwise have been negotiating contracts have instead been working on CSN development and implementation activities. Therefore, the contracts have not yet been completed. In the meantime, the hospitals have been operating under expired contracts and the UR nurses are still reviewing involuntary admissions. Now that the CSN process is well underway, meetings are being scheduled with the hospitals to negotiate the contracts. May 2007: The contracts have been prepared and meetings are scheduled for May with the hospitals to finalize the contracts for implementation July 1, 2007. August 2007: Individual meetings with all the community hospitals with psychiatric units have occurred. Each hospital has the agreement for internal review and comment. Contracts will be completed and signed in August.	

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			Nov. 2007: Several follow up meetings have occurred with the hospitals resulting in some modifications and further clarifications. OAMHS will make every effort to see that contracts are finalized in November, 2007. Feb. 2008: Final contracts were e-mailed to community hospitals. Two have been returned signed after some further negotiation and one is being mailed; two are outstanding and OAMHS's Director of Community Systems is following up. **May 2008: The community hospitals which were originally identified for contracts were the following: The Aroostook Medical Center (TAMC), PenBay Hospital, MidCoast Hospital, MaineGeneral Hospitals, St. Mary's Hospital, Spring Harbor and Southern Maine Medical Center. TAMC closed its unit and the OAMHS has finalized contracts with all of the other initially identified hospitals. Subsequently P6 at Maine Medical Center was identified as accepting a very small number of involuntary admissions. OAMHS has spoken with Maine Medical Center staff and has sent a draft contract, which the hospital is reviewing through its legal staff and management.**	
Performance Requirements				
31. Amend MaineCare provider agreements for psychologists re: communication and info access	30		**May 2008: This issue is being addressed as part of the legislative mandate to combine outpatient services into one MaineCare Section. Outpatient psychologists in private practice would then need to contract with DHHS/OAMHS in order to bill MaineCare. OAMHS contracts contain language requiring communication about the ISP and coverage and access to information after office hours.**	

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Flexible Services and Housing				
34. Realign contracts to reflect realigned system	33	July 2007	August: See above Phase 2 for contracts in FY 08 Nov. 2007: See Component #33 Feb. 2008: See component #33 **May 2008: In last quarter's report, OAMHS reported (under Component #33) its intent to implement the final phase of the realignment plan submitted with the August 2007 quarterly report. This final phase called for separating the provision of support services from the physical housing units for all scattered site apartment PNMIs, through the SFY 09 contracts. As a result of a number of events outside of the control of DHHS, OAMHS has determined that it is premature to proceed with a major change in the residential service delivery on July 1, 2008.** **The most significant event is the proposed implementation of federal Medicaid rule changes related to case management and the rehabilitation option. There are a number of ways in which these rule changes would affect PNMI services, but there remain significant unanswered questions about the substance of the rule amendments and implementation requirements. Actions pending in Congress and in Federal Court may affect the content of the rules and timing of these changes. With this uncertainty, OAMHS believes that implementing phase 3 of the realignment plan at this time risks significant and repeated disruption of the mental health delivery system.** **Additionally, OAMHS has seen a number of providers in Region**	

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			1 and 3 drop both daily living support services and skills development citing a lack of referrals and the current rates. Ensuring the availability of these serves is critical for the success of the realignment, but until the issues in the federal rule changes are resolved providers are reluctant to re-enter these service areas. **Given the state's current budget, it is unreasonable for DHHS to proceed with realignment plans without knowing what federal resources will continue to be available.** **OAMHS will continue to monitor developments at the federal level, and will keep the parties informed, so that issues related to the realignment plan can be resolved as quickly as possible.**	
Peer Services				
46. Form 7 local consumer councils	35	August 2007	May 2007: The TPG decided to hold Regional Temporary Meetings following the April and May conferences, in order to better inform consumers before they are asked to vote for representatives to the local and Statewide councils. The first meetings are scheduled for June 12th, 13th, and 14th, one for each region. At these Regional Meetings, consumers will elect the representatives for the local councils and for the Statewide Consumer Council. August 2007: Local areas will develop Local Consumer Councils with support and technical assistance from the Regional Councils. The local council formation will occur as momentum builds and local groups are able to demonstrate the ability to meet the governance guidelines. Nov. 2007: The Consumer System of Maine is utilizing the regional	**X April 2008**

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			meeting structure (meeting monthly) to support the development of the 7 local councils. The Consumer System of Maine has assumed responsibility for the development of the 7 regional councils with consultation and support from OAMHS as requested. They report that some may be formed by December. <u>Feb. 2008:</u> The Consumer Council System of Maine is working on development of Local Councils in a number of places through planning meetings and events. Preliminary work is underway in the following areas: Sanford, Portland, Topsham-Bath, Lewiston, Augusta, Waterville, Bangor and Aroostook County. **<u>May 2008:</u> The Consumer Council System of Maine was established by Public Law 592, effective June 28, 2008. Eight local councils have been formed and have been grated recognition for six months by the Statewide Consumer Council while they work to meet criteria to achieve permanent status. There is development work underway for four additional local councils.**	
49. Begin implementation of consumer participation in licensing	35	April. 2007	<u>August 2007</u>: The initial proposal, developed in conjunction with the Consumer Advisory Group, anticipated that the focus of these reviews would be to provide an assessment of how well a mental health program is doing in providing services that facilitate mental health recovery. It was proposed that a trained team of consumer evaluators would conduct a site review as part of the licensing team visit. Consumers have strongly expressed their preference to be a part of evaluating an agency's ability to provide recovery facilitating services rather than evaluating adherence to licensing standards. Evaluation of the implementation of recovery-oriented care seems to fit more closely under the broader quality management system rather than the	

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			specific standards of licensing. Some difficulties have arisen in trying to align this important work in the context of licensing due to the different foci of the two parts of a proposed site review plan. OAMHS believes strongly that consumer participation in the quality management system and evaluation of a recovery-oriented system of care is vital and deserves to have a more prominent role in the QM system. OAMHS has been trying to integrate two approaches: evaluation of an agency's recovery focus and participation on Licensing Reviews, and has decided that the evaluation will best be accomplished separate from Licensing. OAMHS will be proposing an amendment to the plan in the next quarter. <u>Nov. 2007:</u> OAMHS determined that prior to submitting an amendment request for this component, it needed to review its proposal with and consult with the Consumer Council System of Maine. A request for discussion of the future amendment has been made to the Court Master. <u>Feb. 2008:</u> At a 12/5/07 meeting with the Court Master and Plaintiffs' counsel, the Court Master agreed that it would be appropriate for the Department to present ideas for alternative ways of involving consumers in the evaluation of provider agencies' performance to the Consumer Council, and for the Council to assist in shaping of a future amendment request for this component. He approved a delay in implementation of this component to allow OAMHS to present its proposal to the Consumer Council and solicit input about methods for including meaningful consumer involvement as part of the quality improvement process. OAMHS has asked the Consumer Council System of Maine to	

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			identify participants for a workgroup to help develop a plan for involving consumers in quality improvement and the evaluation of a recovery oriented system of care. Individuals have expressed interest in participating, and the Council is expected to name the members at its upcoming February meeting. OAMHS will provide information and education for group members about types of evaluations and reviews, methods of evaluations, the difference between individual, program and system outcomes and reviews, etc. so that they can make informed recommendations. OAMHS anticipates that it will take 3-4 meetings of the workgroup (e.g., between February and May 2008) to develop recommendations that could form the basis for a Plan amendment request. **May 2008: The Statewide Consumer Council (SCC) has not yet named consumer representatives to participate in this work group. If SCC does not identify representatives, OAMHS will use other means to ensure that there are consumer representatives participating. As soon as the work group's proposal is ready, DHHS will seek an amendment to this plan component, including new time frames for implementation.**	
50. Provide training in spring 2007	35	Spring 2007	August 2007: See Component # 49. Nov. 2007: See Component #49. Feb. 2008: See Component #49. **May 2008: See Component #49.**	
51. Begin consumer participation in licensing reviews	35	June 2007	August 2007: See Component # 49. Nov. 2007: See Component #49.	

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			Feb. 2008: See Component #49. **May 2008: See Component #49.**	
Persons Experiencing Psychiatric Crises				
62. Issue contracts to increase number or crisis beds/staff	37	January 2007	Nov. 06: OAMHS is combining the planning for the crisis beds with the planning for the observation beds and will be utilizing the CSNs for their recommendations at the Dec. and Jan. meetings. OAMHS is also broadening the diversion from hospitalization models to include peer crisis respite programs and "living room" programs that provide safe after hours programming. Feb. 07: Each CSN is reviewing data on the current capacity of services, utilization rates, locations, program staffing and requirements, and will have recommendations to present to OAMHS at the February CSN meetings. May 2007: OAMHS has identified a need for more crisis stabilization beds in two CSN areas: Rockland and Lewiston. Mid-Coast Mental Health Center and Tri-County Mental Health Center will be submitting funding proposals as soon as they find suitable locations for larger facilities. OAMHS has provided letters of commitment to both agencies for expansion of their programs. Tri-County Mental Health has submitted timelines for their opening of a new facility. They have designed the physical facility, identified preferred locations, engaged a commercial broker, and begun to look at potential facilities. Their time line identifies locating the facility during May through early June. Retrofitting the facility to fit their	

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			design will occur during the period from June through August. Recruiting, hiring, orienting and training staff will occur during June through August and the opening of the facility will occur on September 1, 2007. Once Tri-County has located the facility and agreed upon lease and terms, OAMHS and the agency will negotiate the final terms of a contract. Washington County is the other area of the state where there may be a need for additional crisis beds. Due to a number of factors (including geography, dispersed population, etc.), however, it is not feasible to meet the need by adding beds in one location. Two organizations in Washington County are working on developing a service to meet the need through alternative means which takes into account the cost issues, limited utilization, and workforce issues. OAMHS has committed its support to the CSN for a service in Washington County and will act on the CSN recommendation by January 2008. <u>August 2007</u>: OAMHS received a proposal for Washington County from WCPA and Sunrise. WCPA will provide clinical services and admission assessments and Sunrise will provide space and staff in an existing facility. Negotiations are underway and the flexible crisis bed(s) will be operational by September. Mid-Coast Mental Health Center has identified the cost of renovating their existing facility; however, given their ongoing financial issues and decisions to downsize in July, Mid Coast made this effort a lower priority. OAMHS did meet with Mid-Coast to look at costs and design, and has factored this into the costs for MaineCare seed. OAMHS expects to resume discussions with Mid-Coast Mental Health Center in the next quarter and will assess if they are a viable	

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			provider or if another option needs to be developed. Tri-County Mental Health Center looked at property to purchase but has decided to lease a facility. They have identified the building, the developer and the costs associated with the renovation of the facility. They are currently developing a budget for submission to the OAMHS. Once they have OAMHS approval they will inform the developer to move forward with the renovations which are expected to be complete in less than 6 months from the date OAMHS approves the budget. Nov. 2007: Tri-County Mental Health Center is proceeding forward with its plans to increase beds and anticipates being operational May 1, 2008. After reviewing with Mid-Coast Mental Health Center its plans to increase the size and configuration of the existing facility and the related costs, OAMHS has informed the agency that these plans are not acceptable as presented and that Mid-Coast should look at an alternative location. If Mid-Coast is not able to locate an alternative site by November 30, 2007, other agencies in their CSN (CSN 4) will be invited to submit proposals to the OAMHS. Feb. 2008: Tri-County Mental Health is proceeding forward with its plans to develop a new 6-bed facility, which is now scheduled to begin operation in June or July, 2008. Mid-Coast Mental Health approached the OAMHS to discuss some alternatives to providing two additional crisis beds in CSN #4, including the possibility of developing two observation beds. Mid-	

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			Coast has been reluctant to invest the capital resources at this time. OAMHS anticipates a proposal from Mid-Coast by the first week of February. A decision was made not to proceed with the creation of a single crisis bed in Washington County as a result of the cost and a relatively low level of need. **<u>May 2008:</u> Tri-County Mental Health is opening the first two beds of its 6-bed facility on May 1. In the following weeks the remaining beds will come on line.** **OAMHS has finally received a new proposal from Mid-Coast for the expansion of its existing facility to three beds. OAMHS is seeking additional information to determine whether this proposal is feasible. A decision will be made by the end of May.**	
64. Create 4 observation beds in 2007	38	SFY 07	See component # 63. <u>Nov. 2007:</u> See above component #63 <u>Feb. 2008:</u> As DHHS/OAMHS has determined that observation beds are not financially feasible in rural, non-psychiatric hospitals (see component # 63), the Department intends to submit a request for a plan amendment related to this component and component 65 below. **<u>May 2008:</u> Plan amendment request is being developed.**	
65. Evaluate utilization and effectiveness of observation beds one year after beds become available	38	SFY 08		

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68. Thru CSNs, create agreements to assure all community hospitals have access to psychiatric consultation via telemedicine	39		August 2007: In SFY 2008 OAMHS will create and pilot a centralized system for making psychiatric consultation available to primary care physicians statewide, to determine its feasibility. OAMHS will meanwhile continue to work with the Governor's Office of Health Policy-MeHAF Telehealth Workgroup to address the current impediments to telemedicine. Nov. 2007: OAMHS has experienced delays in recruiting a psychiatrist and has completed a second interview with a potential candidate. One of the first tasks for the individual hired will be to determine how best to provide psychiatric consultation to primary care physicians statewide. Feb. 2008: This component is directed at increasing access to psychiatric and psychological services for people experiencing psychiatric crises in Emergency Departments. Telemedicine is one strategy for achieving this improvement in services. Since the Plan was written, Maine and several other New England states received a $25 million dollar grant to improve telehealth connections. The established telehealth work group, the Governor's Office of Health Policy-MeHAF Telehealth Work Group (which includes an OAMHS representative) is instrumental in implementing this expansion. OAMHS will continue to advocate for expansion of telehealth capabilities and reduction of barriers to usage but will do so in the context of this existing telehealth workgroup which has access to significant resources. Additionally, OAMHS has learned that Spring Harbor Hospital through its Emergency Department Psychiatric Care Work Group is exploring a telepsychiatry pilot to EDs within the Maine Health	

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			delivery system. OAMHS will work with Spring Harbor to publicize what is learned in the pilot and to assist in the clinical acceptance of this technology by other practitioners. Clinical acceptance and technology resources are equally important to successful implementation. OAMHS is also examining other options to increase the access to psychiatric resources through means other than telehealth. Dr. Stevan Gressitt was hired as the OAMHS Medical Director and began work in December. One of his tasks is to develop methods to increase access to psychiatric consultation for primary care physicians as well as for EDs in hospitals without psychiatric units. **<u>May 2008:</u> The New England Tele-Health Consortium, developed by ProInfoNet of Bangor and recently awarded a $25 million Federal Communications Commission rural health care grant, has launched its effort to build a multi-state tele-health network. This network will link rural hospitals, behavioral health sites and community health care centers in Maine, Vermont and New Hampshire to urban hospitals and universities throughout New England. The consortium is close to finalizing its list of sites, which includes all but five hospitals in Maine and over 500 medical clinics in Maine, Vermont and New Hampshire.** **Dr. Stevan Gressitt, M.D., Medical Director of OAMHS, is currently negotiating a contract with the Maine Association of Psychiatric Physicians that would make psychiatric consultation available to primary care physicians throughout the state of Maine. "The Consultation Project", developed by the Maine Association of Psychiatric Physicians (MAPP) in collaboration with the Maine Academy of Family Physicians in 2004, links**	

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			volunteer psychiatrists with rural primary care practices. Financial support from DHHS will allow the project to expand statewide and will also allow for wider publicity of the project. **Spring Harbor Hospital has submitted a USDA grant proposal that would bring tele-psychiatry to the Emergency Departments of Stephens, Miles and St. Andrews Hospitals and outpatient tele-psychiatry to family healthcare centers at Miles and St. Andrews Hospitals. Psychiatrists from Spring Harbor Hospital and Maine Medical Center would provide Emergency Department and Outpatient services; as well as a Nurse Practitioner providing additional Outpatient services.** **DHHS believes that these efforts meet the objectives of this plan component, and on this basis will be seeking a plan amendment.**	
73. Involve consumers in training for EDs to increase non traumatic transportation options	39		Feb. 07: The training content is under development and will be discussed at the March CSN meetings. May 2007: OAMHS will work with the MHA, Maine State Nurses' Association, and Emergency Department Physicians' group to implement the training during the next quarter. OAMHS has done work on developing the training with consumers and realizes the necessity of partnering with the medical groups to facilitate utilization. August 2007: OAMHS has not been able to accomplish this component because of lack of staff resources so a consultant, who is also a consumer, has been hired to do this work. This training in non traumatic transportation will be combined with the training to lessen trauma in emergency departments (#82). OAMHS is working with a consultant to develop an implementation plan with stakeholders	

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			including consumers, MHA, MSNA, and ED Physicians' group. <u>Nov. 2007:</u> The consultant is reviewing current processes in other states and looking at licensing requirements and means of engaging medical groups in training. She will be bringing the research and recommendations to a stakeholder meeting for review and input into design of the training by March 2008 as stipulated in her contract. <u>Feb. 2008:</u> The consultant has drafted a report with preliminary recommendations. A stakeholder workgroup will review the report and recommendations to identify next steps and an implementation plan. **<u>May 2008:</u> A stakeholder workgroup comprised of consumer representatives, Emergency Department staff, Maine Hospital Association Mental Health Council members, hospital staff and crisis program representatives met in April to review and discuss the consultant's report and draft learning objectives for the training. This group recommended priorities for learning objectives and identified desired training delivery methods. The learning objectives and information from the research are being used to draft training material. A subgroup of stakeholder group members will participate in a review and editing process. OAMHS is developing a contract with JMPA (Justice Planning and Management Associates, training consulting firm) to shape the training content into a web-based training to be completed by September 2008.** **OAMHS received comments about the consultant's report from plaintiff's counsel on April 30. These will be forwarded to the**	

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			stakeholder group for consideration.	
77. **Amendment Request approved by Court Master 12/17/07. Task amended to read:** Continue to collaborate with the Statewide QIC, NAMI-ME, the Consumer Council System of Maine, MAPSRC, AIN and Providers to review and distribute information about crisis planning, WRAP and advance directives in anticipation of development of training module.	40	Begin December 2006	Feb. 07: This work will begin in the next quarter after OAMHS has improved the drafts. May 2007: OAMHS will solicit input from these stakeholders on the draft materials that DRC develops in the next quarter. August 2007: See Component #76. Nov. 2007: See component #76 Feb. 2008: Draft training materials are being developed and will be shared with consumer organizations, mental health provider groups and representatives from mental health facilities for review. Materials will then be revised and finalized for web publication. **May 2008: Draft documents were shared with stakeholder groups and their feedback has been incorporated.**	**X March 2008**
78. **Amendment Request approved by Court Master 12/17/07. Task amended to read:** Complete a training module on advance directives and how they relate to crisis plans, WRAP, and the power of attorney	40	April 2007 **Date amended to:** by April 2008	May 2007: The DRC and OAMHS will finalize the training delivery plan by July and will begin training by September. August 2007: See Component # 76. Nov. 2007: See Component #76 Feb. 2008: See Component #77 **May 2008: Self-guided educational tools have been created to provide information about Mental Health Advance Directives, Power of Attorney, crisis plans, and WRAP. A User Guide For Maine Consumers on Mental Health Advance Directives has been**	**X April 2008**

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			developed, distributed and posted on the website. This guide will inform individuals about the purpose of an advance directive, the power of attorney and how they are used. It will also help guide individuals in their decisions about these documents. Additionally a reference document that compares Mental Health Advance Directives, Crisis Plans and a WRAP (Wellness Recovery Action Plan) has been developed, distributed and posted on the website.	
80. Develop residential mental health services for persons with complex health needs	41	February 2007	Feb. 07: Most of those consumers at RPC that had been identified as needing this type of facility have been discharged. Accordingly, OAMHS is currently reassessing consumer need for additional locations May 2007: A review of consumers at Dorothea Dix Psychiatric Center was completed by the Medical Director in April and two consumers were identified as in need of placements which can accommodate persons with health complexities in addition to their mental illness. OAMHS has concluded that the system currently has adequate capacity to respond to the unique placement needs of individuals with complex health needs by adding supports at existing programs and facilities. Rather than establish new facilities, OAMHS will focus on better utilization of those that exist. For the specialized nursing facilities, OAMHS will transition those consumers who no longer need the specialized care of the mental health units to more appropriate dementia units and regular nursing care beds. For the existing PNMI services, OAMHS will enhance the residential placement to meet the unique consumer presentations to enable the existing facilities to serve them. Finally, OAMHS will devote additional resources to our contract for functional and OT assessments to better assist with planning and training of placement resources.	

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			We will be submitting a proposed Plan amendment to change this component of the plan in the next quarter. August 2007: The amendment will be submitted in August. Nov. 2007: The amendment request was submitted 10/7/07 and denied on October 25, 2007. OAMHS is considering next steps. Feb. 2008: As agreed to in a meeting with the Court Master and plaintiffs' counsel on December 5, 2007, OAMHS is creating a list of consumers that have been placed from Riverview in the last year whose planning for placement was as described above (May 2007) and in the amendment. This information will provide the basis for further discussions among the parties and the Court Master. **May 2008: The list of consumers was provided to plaintiff's counsel on April 30, 2008, with a copy to the court master.**	
82. Collaborate with MHA,ED Physicians, MSNA to provide training to lessen trauma in ED	42	SFY 2007	August 2007: See Component #73. Nov. 2007: Please see Component #73 Feb. 2008: See Component #73 **May 2008: See Component #73**	
Vocational Opportunities				
88.Update the MOA between OAMHS and BRS Expanded reporting per	44	October 2006 MOA Ongoing	Nov. 06: The Memorandum of Agreement with the Bureau of Rehabilitation Services has been written and is awaiting signatures. Feb. 07: The Memorandum of Understanding was signed in November 2006.	**X November 2006 MOA signed**

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3/16/07 letter to the Court Master			May 2007: Task 1: Review all employment services offered to mental health clients throughout the state. A trainer/facilitator has been hired to assist with the supported employment fidelity evaluation; meetings occurred with employment providers in December, January, and February to begin the evaluation process; evaluators were trained in March; and the first part of the fidelity review occurred (the General Organizational Index) in March. Task 2: Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles. The resource assessment submitted to the Court Master on March 16, 2007 was the first step in this process. A Vocational Workgroup of consumers, providers, and VR and OAMHS staff is being created and will produce an in depth description of needed resources and strategies to improve employment outcomes, including input from the CSNs, by August 2007. Task 3: Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information. The Vocational Workgroup is responsible for this task and will begin this work in the next quarter. This activity will be coordinated with the results of the employment fidelity review described in Task 1. Task 4: Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence	

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			based practices. OAMHS has decided to solicit proposals from outside vendors to accomplish this task, including providing consultation, technical assistance, and training to ACT teams, long term support coordinators, and community support programs. OAMHS will be issuing an RFP in the next quarter. <u>August 2007:</u> <u>Task 1:</u> Review all employment services offered to mental health clients throughout the state. The data elements, the sources, and the methods for collection were identified and the collection was completed in June. The DHHS Office of Quality Improvement is analyzing the data and will be disseminating the analysis to stakeholders in September for review and recommendations. <u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed the resources currently available, and solutions to obstacles. The MOU Implementation Vocational Work Group, at its meeting on July 30, developed the initial description of the needed resources from data provided by team members, DVR, and OAMHS. <u>Task 3:</u> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information. The MOU Implementation Vocational Work Group will review the DHHS Office of Quality Improvement data from the employment	

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			fidelity evaluation in September. <u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices. The Community Employment Services RFP (see component # 93) requires technical assistance and practice to be consistent with best practices and that the bidder have experience in doing so. Additionally, OAMHS will use the results of the employment fidelity evaluation to identify the degree to which employment providers are implementing supported employment according to evidence based practices, and take action to make improvements. <u>Nov. 2007:</u> <u>Task 1:</u> Review all employment services offered to mental health clients throughout the state. The DHHS Office of Quality Improvement (OQI) has completed a partial analysis of the data collected in this evaluation. In October, the OQI gave presentations regarding the data results to the OAMHS, DVR staff and to the Vocational Workgroup. OQI and OAMHS staffs have scheduled presentations to the regional Community Rehabilitation Providers in November and December. Following these presentations and the completion of the analysis of the data by the OQI, the OAMHS and the DVR will develop a work plan to address the issues identified in the evaluation. <u>Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources	

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			currently available, and solutions to obstacles. The MOU Implementation Vocational Work Group has met every two weeks since August to continue its review of data related to employment of persons receiving OAMHS services. The Workgroup is grappling with the problem of analyzing multiple data sources, none of which present a comprehensive or authoritative picture of the system's strengths or barriers. The Workgroup has identified several additional data sources to review at its next three meetings. The Workgroup will then write its report. <u>Task 3:</u> Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information. The DHHS Office of Quality Improvement made a presentation of preliminary data from the employment fidelity evaluation to the Workgroup in early October. The Workgroup will incorporate this information and its implications into its upcoming report. <u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices. Maine Medical Center's (MMC) Department of Vocational Services was the only bidder to submit a letter of intent to bid on the Community Employment Services RFP. OAMHS is developing a contract with MMC, based on the attached AMH Employment RFP that will ensure that the services and technical assistance provided are consistent with evidence based practices regarding employment services to consumers with mental illness.	

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			Feb. 2008: Task 1: Review all employment services offered to mental health clients throughout the state. The meetings with Community Rehabilitation Providers to present and discuss the data in the evaluation were completed in December, 2007. The DHHS Office of Quality Improvement completed the data analysis and issued the final version of its report on this evaluation in January, 2008. A copy of the final report is included as an attachment to this Quarterly Report. OAMHS and DVR will identify the priority issues for action and charge the MOU Implementation Group to develop a workplan to address those issues. OAMHS will meet with the providers as a group to review the overall report and establish expectations going forward. This will be followed with meetings with individual providers to discuss plans for improvement. Task 2: Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles. OAMHS staff is writing a draft report summarizing the data reviewed by the Vocational Workgroup. The draft will be circulated to Workgroup members in February, 2008, and the report finalized within this Quarter. This will be shared with Maine Medical Center. Task 3: Stay current with evidence-based practices and promising approaches to support employment, and disseminate that information. This task will be addressed in the Vocational Workgroup's report	**January 2008: expanded reporting completed Tasks 1, 3, and 4**

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			referenced above. Additionally, the MOU Implementation Group's workplan, referenced in Task 1, will also address this issue. <u>Task 4:</u> Provide oversight capacity to ensure that employment supports are provided in a manner that is consistent with evidence based practices. DHHS and MMC signed the contract in early January. This contract is the centerpiece of the OAMHS Vocational Initiative and will adhere to evidence based practices. MMC will assist the OAMHS to oversee other employment supports to ensure that they are consistent with evidence based practices. **<u>May 2008, Task 2:</u> Review qualitative and quantitative data and other sources to determine the array of employment services needed, the resources currently available, and solutions to obstacles.** **A draft report of data from multiple sources was circulated to workgroup members in February. The Workgroup members felt that the draft needed additional work, particularly in making comparisons and recommendations utilizing data from different data sources. OAMHS is redrafting the report on the data to be re-circulated to the Work Group. OAMHS will move the effort to review resources currently available and solutions to obstacles to the newly forming Employment Services Networks which are being managed through the Maine Medical Center employment contract.**	

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CHAPTER 6 - ASSURING QUALITY SERVICES				
107. Demonstrate the ability of EIS to produce timely and accurate data	56		Nov. 06: OAMHS is part of a DHHS effort to implement COGNOS, a program that allows individuals to directly get data from EIS, without having to have a programmed report developed. This will be a great time saver and make data more readily accessible. Contract negotiation is underway for the training which is scheduled for January and February 2007. Feb. 07: The contract for the COGNOS 8 training was not completed until January 15, 2007 so the COGNOS 8 training is now planned for early March 2007. May 2007: OAMHS and EIS have made significant gains in producing reports to meet data collection needs. More work has to be done, however, to improve the quality and reliability of data being entered into EIS by providers on the front end. OAMHS and EIS staff are continuing to work on this with added training, etc. (See component #5 for a description of the ongoing work). COGNOS training for OAMHS staff took place in March and April. August 2007: Providers received EIS data relating to their enrollments and RDSs. Providers receive this data monthly as part of a quality assurance process, in an effort to problem solve discrepancies and assure accurate data. Web-based training has been scheduled for the third Thursday of each month from 9 to noon. Nov. 2007: The number of issues with EIS has decreased significantly over the past year and the nature of issues has shifted from systems design to improving the quality of data and responsiveness of	

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			providers, and providing timely feedback to providers. OAMHS will monitor its progress and that of providers in the next quarter to assure that issues continue to be those of maintenance and quality assurance and not design. <u>Feb. 2008:</u> OAMHS continues to send monthly reports to providers about enrollments and the RDS to assure that both are up to date and do not contain duplicate clients. This monthly quality assurance process has helped develop relationships and greater responsiveness from providers, and consequently improvements in the data. The data has been cleaned for duplicates and EIS will shortly be implementing a new feature to allow only one open enrollment per client. This system change was not possible until the data had been cleaned of duplicates. Staff skills in using COGNOS continue to improve and OAMHS is both developing and using reports from COGNOS. **<u>May 2008:</u> The EIS now allows only one open enrollment per client. It also notifies agencies when a request is made to open a new enrollment for a client who is already enrolled in another agency. OAMHS sent a directive to all provider agencies requiring that their enrollments and RDS information be current and with no more than 15% overdue as of May 15th. OAMHS informed agencies that failure to meet the 15% standard would constitute non-compliance with their contracts and trigger enforcement actions. EIS activity suggests that providers are taking this directive seriously. Once the enrollments and RDS information are current, the transition to APS Healthcare for collection of this data will begin. The system design work and**	

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			testing is in process and the transition is expected to be complete by the end of July. **Unmet needs reports are being generated quarterly by CSN, as well as statewide. The reports for the second quarter were distributed to CSNs in March and April, and the third quarter will be distributed in June for discussion. See attached *March 25, 2008 CSN 5 Data Package,* for a sample of the data reports that have been presented to all CSNs and will be distributed on an ongoing basis.**	
116. Licensing reviews of AMH agencies are current	60	Ongoing	Nov. 06: The Division of Licensing and Regulatory Services (DLRS) reports that out of 118 agency licenses, 14 are not current. DLRS has one vacancy and a second person is on extended medical leave. Filling the vacancy will significantly reduce the backlog. Feb. 07: The Division of Licensing and Regulatory Services (DLRS) reports that out of 122 agencies, 11 are not current. Of these: 1 is in the survey process; 2 have been inspected and the license in process of being issued; 4 are scheduled; and 4 have not yet re-applied for licensure. Licensing is currently contacting those providers who have not yet re-applied. May 2007: DLRS reports that out of 120 licensed agencies, 32 are not current. Of these: 1 has been reviewed but has not yet been licensed; 7 have not reapplied; and 24 have not been reviewed. DLRS recently hired another worker to help with the timeliness of reviews, but one full-time worker remains out on medical leave. August 2007: DLRS reports that out of 120 licensed agencies, 35 are not current. Of these: 4 have been reviewed but are not yet licensed;	**X April 2008**

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			25 have re-applied but not yet reviewed; and 6 have not re-applied. The new worker that DLRS hired last quarter did not stay in the position so they remain down 2 workers, one position vacant and one person remains out on medical leave. DLRS will be applying for an exemption to the hiring freeze to fill the vacant position. <u>Nov. 2007:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 115 licensed mental health agencies, 33 licenses are not current. Of these, 14 have been reviewed but are not yet licensed; 15 have re-applied but are not yet reviewed; and 4 have not re-applied. One vacant position in DLRS was filled starting 9/24/07 and one position is in the process of being filled. When this position is filled, DLRS will be fully staffed. Note: In the past, DLRS included agencies that had 'applied' for a license in the count of licensed mental health agencies. For this quarter, and from now on, they will be counting only those agencies that have a current license. <u>Feb. 2008:</u> The Division of Licensing and Regulatory Services (DLRS) reports that out of 113 licensed mental health agencies, 31 licenses are not current. Of these, 9 have been reviewed but are not yet licensed and 22 have re-applied but are not yet reviewed. DLRS continues to have one vacant position. The licensor hired in September will begin to carry an independent caseload within this quarter. The licensing team continues to cover the vacant position's responsibilities, with the manager going into the field and 2 assisted living licensors doing site reviews to free up mental health licensors' time.	

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			May 2008: The Division of Licensing and Regulatory Services (DLRS) reports that out of 123 licensed mental health agencies, 20 licenses are not current. Of these, 1 has been reviewed but is not yet licensed, 18 have re-applied but are not yet reviewed (4 of these reviews are scheduled for April into early May) and 1 has not yet re-applied. Over the past quarter the number of 'not current' licenses decreased by a third (31 to 20). **DLRS lost a mental health licensor position as part of the recently passed budget and will be re-allocating the caseload amongst the remaining 3 licensors.** **Because this component is actually a monitoring function rather than a system development task, it will be reported as part of the quality improvement process in the future.**	
119. Strategies to monitor and address concerns will be developed and documented	62		Nov. 06: This work is part of the implementation of the quality management plan which will begin in December. Feb. 07: OAMHS is creating a "notebook" of policies and protocols. The document review process, the UR nurse involuntary commitment reviews, and the contract reviews are the first areas to be addressed. May 2007: OAMHS shares data and reports with the QIC, with the CAG, with the CSNs and with OAMHS staff for review, comment, and for improvement. OAMHS has been "cleaning up" what and how it collects information and the next major step is to compile the individual reports into a cohesive whole for an organized quality management (QM) process. Now that the role of the ASO has been clarified, OAMHS can proceed with the next steps in organizing QM. OAMHS will work with the Office of Quality Improvement to define roles and will document the process to be used in the next quarter.	**X April 2008**

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			August 2007: See component #106 for information regarding the intranet 'notebook' of policies and procedures. Nov. 2007: See component #106. OAMHS will work with APS during the next quarter to develop process and reports to further improve quality management of the mental health system. Feb. 2008: DHHS and APS Healthcare are developing the Quality Management Plan for the MaineCare services covered by APS Healthcare. The purpose of the Plan is to support ongoing learning, data based decision making, and rapid identification and resolution of quality problems, as well as to assure the quality of APS HealthCare's services. The Plan has undergone several revisions and includes input from the DHHS Office of Quality Improvement (OQI) as well as the program areas. The OQI has established an internal quality management work group, which includes OAMHS, to examine reports from APS Healthcare to assure congruence with Departmental and Office program outcomes. **May 2008: The OAMHS Quality Management Plan is finished and is attached. Consistent with Quality Management principles, the OAMHS QM plan will continue to be refined and updated as needed.** **In addition, the APS Quality Management Plan is finished, and APS Healthcare is beginning to run reports as specified in its contract. Both APS Healthcare and DHHS are doing an internal review of the reports to assure data accuracy, usefulness and clarity.**	